

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 596401

FILING DATE

06-12-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		3		1		
5		10		1		
6	1		—	1		
7		1		1		
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TOTAL IND.	2		2			
TOTAL DEP.	7	←	6	←		←
TOTAL CLAIMS	9	████████	8	████████		████████

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓			
TOTAL DEP.			↓			↓
TOTAL DEP.	↓	←	↓	←	↓	←
TOTAL CLAIMS		████████		████████		████████